

ZIKA Testing New at MTPHL

NEW: The CDC Triplex Real-time RT-PCR (Triplex rRT-PCR) and the CDC Zika MAC-ELISA assays are now both available at the Montana Public Health laboratory. These two assays are distributed by CDC to select qualified laboratories and are recommended for use in the current Zika response. By providing in-house testing, we hope to significantly improve the turn-around time for results.

The Triplex rRT-PCR is intended for the qualitative detection and differentiation of RNA from Zika virus, Dengue virus, and Chikungunya virus in human sera. Serum specimens should be collected ≤ 7 days post symptoms onset or exposure. This assay may also be used to test for the qualitative detection of Zika virus RNA in urine ≤ 14 days post symptoms onset/exposure, but must be submitted alongside a patient-matched serum specimen. Positive results from this assay are considered confirmatory, and it is recommended to follow up negative results with the CDC Zika MAC-ELISA assay.

The CDC Zika MAC-ELISA assay is intended for the qualitative detection of Zika virus IgM antibodies in human sera > 14 days to 12 weeks post symptoms onset/exposure.

Positive and equivocal assay results from this test are only presumptive, and will be forwarded to CDC for confirmation by the plaque reduction neutralization test (PRNT).

Note: Specimens for these assays should only be collected from those who match CDC Zika virus clinical and/or epidemiological testing criteria for Zika virus infection. Please contact your local health department if Zika virus infection is suspected and complete a MT Zika Virus Suspicion Checklist prior to submission. Please write your test request in the Comments section on standard MTPHL blue requisition form, and be sure to provide a date of onset/exposure.

Ship specimen(s) cold, along with the standard MTPHL blue requisition form and the completed checklist. If you have additional questions, please contact MT PHL at 800-821-7284.

Save the Date!!

MTPHL will be hosting a biosafety workshop, "Clinical Laboratory Work Practices and Procedures", September 12 and 13th at the Crown Plaza in Billings, and September 15 and 16th at the Holiday Inn Downtown in Helena. Registration will begin at 8:00 AM on the first workshop day, and the program will conclude around 4:30 on the second. There is a hotel block at each location for the night before and night of the workshop. We encourage laboratory technical staff, management, and occupational health staff to attend, and we will provide P.A.C.E. credits. Travel support may be provided, depending upon funding availability. Additional information has been distributed, including registration information, but please send any questions to Crystal Fortune, cfortune@mt.gov, or 406-444-0930.

Shipping Update

Please be aware that some of the specimens sent on ice/cold packs are not cold by the time we receive them. Remember, during the summer months that more ice may be required to maintain the cold chain during shipment, especially if the referring laboratory is a significant distance from Helena or if there are any delays in transport.

Also, if you attended the training provided by MTPHL in November 2014, you may be coming due for recertification for packaging and shipping Category A infectious materials. Remember certification is good for three years for DOT; and two years for IATA and some accreditation agencies, such as CAP and JCAHO. There are many resources available for completing the packaging and shipping training required for certification/ recertification, at varying costs.

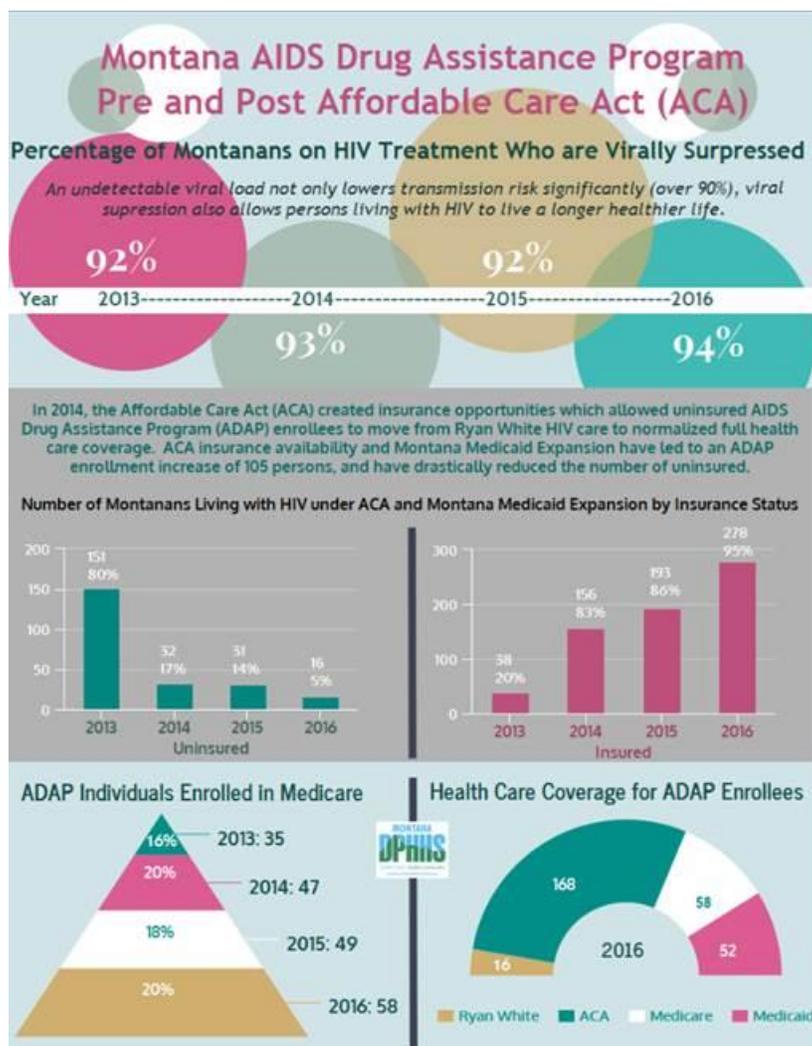
One available training is the "Packing and Shipping Division 6.2 Materials: What the Laboratorian Should Know 2016" course, available on the CDC Train [website](#). In addition to being a free course, participants who successfully complete the training will be awarded two continuing education credits.

This training is good for initial and retraining, although those attending as an initial training should also consider some hands-on training in their facility to get a proper feel for the process.

Montana Communicable Disease Weekly Update

Release date: 7/22/2016

Infographic of the Week: The Montana HIV/STD program and partner agencies provide services for HIV positive individuals through various federal Ryan White cooperative agreements. This infographic illustrates some of the services provided and the high percentage of viral load suppression able to be supported for clients by these services in Montana. The suppression percentage nationally for Ryan White clients in 2013 (most recent national data) was under 80% (<http://hab.hrsa.gov/stateprofiles/Client-Clinical-Characteristics.aspx>).



To download and print a high resolution pdf version of the infographic, or to view the archive of weekly infographics, please visit the [CDEpi infographics page](#).

DISEASE INFORMATION

Summary – MMWR Week 28 – Ending 7/16/16 Preliminary disease reports received by DPHHS for the reporting period July 10–16, 2016 included the following:

- **General Communicable Diseases:** Elevated blood lead: (3)
- **Enteric Diseases:** Campylobacteriosis (10), Cryptosporidiosis (1), Giardiasis (2), Salmonellosis (5), Shiga toxin-producing *E. coli* [STEC] (1)
- **Vaccine Preventable Diseases:** (0)
- **STD/HIV:** Chlamydia (72), Gonorrhea (8), Syphilis (0), HIV* (0)
- **Hepatitis:** Hepatitis B, chronic (1), Hepatitis C, chronic (15)

- **Zoonotic diseases:** Lyme Disease (1)
- **Animal Rabies:** (1, bat)

* A case is included if a new confirmatory test or report was received by DPHHS. Cases include both persons who were newly diagnosed and persons newly reported in Montana who may have been diagnosed in another state or country.

NOTE: The attached report has multiple pages reflecting the following information: (1) cases for the past reporting week; (2) communicable diseases YTD; (3) STD cases for the past reporting week; (4) clusters and outbreaks; and (5) a quarterly HIV/STD summary.

HOT TOPICS

Summer Institute: It has been a slow week as many of our jurisdictions have been at Summer Institute. We anticipate next week will be of more interest. Summer Institute appears to have been a success and we hope everyone found it a good learning experience. We wish everyone a safe trip home.

Montana Ryan White Care Services: Services include the AIDS Drug Assistance Program, the Health Insurance Continuum of Coverage Program and HIV case management. For more information on services provided, please go to <http://dphhs.mt.gov/publichealth/hivstd/treatmentprogram.aspx>

The link below is a pdf version of locations and contact information for HIV/STD services in Montana

<http://dphhs.mt.gov/Portals/85/publichealth/documents/HIVSTD/PreventionandTreatmentServicesDirectoryandResourceList.pdf>

Zika: Montana has had its third case of Zika reported this week. It is important that local jurisdictions communicate to providers that all suspect cases need to be coordinated through local health jurisdictions and that local jurisdictions, not providers, should be faxing checklists to the state.

Utah: CDC reported on Tuesday a confirmed case of Zika in Utah where, based upon initial investigation, the case had not traveled to a Zika affected country or engaged in sexual behaviors that could transmit Zika. In addition, the mosquito vector for Zika is not known to be present in Utah. The individual case reported only acting as a caregiver to a known Zika case that subsequently died... More information can be found at <http://www.cdc.gov/media/releases/2016/0719-zika-utah-investigation-update.html>

Florida: The Florida Department of Health is investigating a possible non-travel related cases of Zika. More information can be found at <http://www.floridahealth.gov/newsroom/2016/07/072116-Zika-Possible-Non-Travel-Case-Broward.html>

Zika testing in MT Public Health Lab (MTPHL)

The MTPHL has been certified by CDC to perform two different Zika virus tests. From now on PCR testing will be performed on urine and serum specimens to detect Zika, Dengue and Chikungunya viruses and IgM testing will be performed on serum to detect Zika antibodies. Providers are still advised to work with their local public health jurisdictions and complete the checklist to determine whether patients meet the Surveillance Criteria. Patients will not be charged who meet the surveillance criteria, but charges will apply for patients who do not meet the criteria. A few common reasons for not meeting the Surveillance Criteria include symptoms incompatible with Zika infection or exposure to Zika virus more than 16 weeks in the past. A new checklist, work flow, patient guidance and a “How to Evaluate the Checklist” document will be distributed next week. Now, positive PCR results and negative IgM results will be timelier than before.

INFORMATION/ANNOUNCEMENTS

Communicable Disease Epidemiology Suggestion Box:



To submit a question or comment to the Communicable Disease Epidemiology Section, please click on the suggestion box to access our online form.

Q&A CORNER

Q: When do I have to finish my reconciliation of cases for deliverables?

A: You will have just finished your deliverables and submitted your completion in SharePoint for the quarter ending March 31st. The second quarter of 2016 ended on June 30. Please take some time to review your jurisdiction's cases reported in MIDIS from April 1 – June 30. Please complete your cases as much as possible and close all investigations that are completed. Your next reconciliation report will be sent by ePass the week of July 25th. Cases that are not clear will need consultation with CDEpi.

24/7 AVAILABILITY

The Communicable Disease Epidemiology (CDEpi) Section is available 24 hours a day, 7 days a week, 365 days a year, to assist local health jurisdictions. Local providers should call, including after normal business hours, their local health jurisdiction. The CDEpi 24-hour line is available as a back-up to the local health jurisdiction's 24-hour line. If you need CDEpi assistance, please call 406.444.0273. Phone calls to this number outside of normal business hours will be answered by the answering service. The answering service will immediately forward the message to CDEpi, and we will respond as quickly as possible.

Local health jurisdictions, please ensure that your local providers have your 24/7/365 contact information. And please inform CDEpi or the Public Health Emergency Preparedness Program of updates to your required 24/7 contact information.

This update is produced by the Montana Communicable Disease Epidemiology Section. Questions regarding its content should be directed to 406.444.0273 (24/7/365). For more information: <http://dphhs.mt.gov/publichealth/cdepi>